

MAINEETHICS COMMISSION

Financial Disclosure by Executive Employees

Filing Form Covering Calendar Year 2008 Filing Deadline: Thursday, April 30, 2009, 5 p.m.

(Write "N/A" if a question is not applicable to you. Use additional sheets if needed to fully answer any question.)

	Section 1: Name/Address/Phone
Your name:	
John R. Bradshaw,	Jr
Your Agency/Departm	ent/Bureau/Division:
Department of Pub	lic Safety / Emergency Medical Services
Your Title:	
Director	
Your State Agency Ma	
152 State House St	ation, Augusta, ME 04333-0152
Your State Agency Pho	one Number:
207-626-3865	·
	Section 2: Statement of sources of income [as required by 5 MRSA §19 sub-§2)
corporation, association	yment in state government: If during 2008 you were <u>neither</u> separately employed by another person, firm, on or organization, <u>nor</u> self-employed, <u>nor</u> had any other sources of income over \$1000 from each source, and skip to question 3.
	2-A. If, during 2008, you were an employee of another person, firm, corporation, association, or organization as opposed to being self-employed, fill out the following; if not, go to question 2-B:
	The name of the employing entity:
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!	The nature of the business (its principal type of economic activity; for a law firm, the firm's major areas of
	practice):

2-B. If you were self-employed during 2008: (Note: "Self-employed" is defined by 5 MRSA §19 sub-§1 ¶J as an "independent contractor" as defined in 39-A MRSA §102 sub-§13, which says in part: "Independent contractor' means a person who performs services for another under contract, but who is not under the essential control or superintendence of the other person while performing those services." It does not cover interest income and similar non-contracted income, sources for which should be reported under question 2-C below.) The name of your business: Its address: The nature of the business (your principal type of economic activity; for an attorney, your major areas of practice): Name each source of income through self-employment that brings either: more than \$1000; or more than 10% of your gross income whichever is greater, excluding gifts. (To clarify this: if no source contributes more than \$1000, you don't have to report. If you enjoy many large sources over \$1000, you have to report only those that contribute more than 10% to your gross. For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E. If this form of disclosure is prohibited by statute, rule, or an established code of ethics for your profession, specify instead the principal type of economic activity from which sources of income under this paragraph derive.) 2-C. If you had other sources of income over \$1000 each, excluding gifts, list them here. (For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E.) On site reviewer for the Commission on Accreditation of Ambulance Services, Glenview, IL

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	Section 3. Gifts		
List the specific source of each gift received: (For a definition of gifts, see 5 MRSA §19 sub-§1	¶E, attached.)		
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	ection 4. Family Member	Income	
List here the type of economic activity engaged in If the income was received by your spouse or dor member is derived from employment or compens	by any member of your imi nestic partner, list his or her	nediate family which result name. If the income recei	ed in \$1,000 or more in 2008. ived by an immediate family
Spouse: Susan P. Bradshaw, School Counselor			
		-	
			,
	Section 5. Honorari		
List here the sources of any honoraria (not travel (For a definition of honorarium, see 5 MRSA §19	or expenses) accepted for a	appearances or speeches r	related to your official duties. a in any amount, not just
amounts over \$1000.)			
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Section 6. Comper	nsated work on behalf of e	xecutive branch agencie	S
Aside from your official salary, list here each execusive assisted others in return for compensation of any	cutive agency before which amount:	you or an immediate family	member has represented or
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Section 8. Reportable liabilities	#2000
List here the name(s) of your creditors for any reportable liabilities (unsecured loans) of selative. This does not include credit card liabilities, most educational loans, campaign cousiness loans from most financial institutions. (For a definition of reportable liabilities, selatives, same, ¶I.)	contributions otherwise recorded by law or
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Oath or Affirmation (Notarization)	
Do you solemnly swear (affirm) that the contents of this report are known to you and tha ue (so help you God)?"	it the matters and things therein set forth ar
Signature of Executive Employee:	
	•
Date:4/19/09	
Date:	
Date:	
	200 G
Date:	, 200 <u>_</u> 9
ubscribed and sworn (affirmed) to before me this 14 day of April	, 200_9
ubscribed and sworn (affirmed) to before me this 14 day of April	_, 200 <u>9</u> M. Cutler
ubscribed and sworn (affirmed) to before me this <u>H</u> day of <u>April</u> Signature of Maine Notary Public: <u>Haren</u>	, 200 <u>9</u>
sbscribed and sworn (affirmed) to before me this <u>H</u> day of <u>April</u> Signature of Maine Notary Public: <u>Haren</u> KAREN M. CUTLER	-
Signature of Maine Notary Public: KAREN M. CUTLER	
ubscribed and sworn (affirmed) to before me this <u>H</u> day of <u>April</u> Signature of Maine Notary Public: <u>Haren</u> KAREN M. CUTLER	

Section 7. Sales to executive branch agencies

List here each executive branch agency to which you or your immediate family members sold goods or services with a value in

excess of \$1000:

Return to:

Cyndi Phillips, Commission Assistant Commission on Governmental Ethics and Election Practices 135 State House Station, Augusta, ME 04333-0135